

CITY OF ROCKFORD



**REQUEST FOR PUBLIC RECORDS  
OFFICIAL REQUEST FORM**

**INSTRUCTIONS AND INFORMATION**

a. In Section 1, describe the public records that you wish to inspect or to have copied or certified. Please be precise about what records you seek. You may use a separate sheet if necessary.

Indicate whether you request only to inspect the public records or whether you also request to have the public records copied and certified by checking the appropriate spaces.

b. By submitting this Request Form, you are agreeing to pay to the City, in advance of receiving copies of any public records, the copying fees set forth in Section 2.

The fees set forth in Section 2 may be waived or reduced by the Freedom of Information Officer on determination and proof that the purpose of your request is primarily to benefit the general public and that you will receive no significant personal or commercial benefit from your request. If you wish to be considered for a fee waiver or reduction, you must complete the statement set forth in Subsection 2.B.

c. In Section 3, indicate the purposes for which you are requesting the public records identified in Section 1. You must provide the information in Section 3.

d. The City will not mail copies of public records except upon satisfactory proof that it would be unduly burdensome for you to inspect, receive via e-mail, or pick up the copies and then only upon advance payment of the actual cost of postage. You must complete the statement set forth in Section 4.

e. You must provide the information requested in Section 5.

f. You must sign the statement set forth in Section 6.

---

The City will disclose the public records requested on this Request Form within 21 Business Days after the receipt of this Request Form for all requests made for commercial purposes, and within five Business Days for all other requests, unless the applicable response period is extended as provided by law or the request is denied. All extensions and denials will be in writing and will state the reasons therefore. The Requestor may seek review of a denial by the Public Access Counselor of the Office of the Illinois Attorney General. Judicial review is available under Section 11 of the Illinois Freedom of Information Act, 5 ILCS 140/1 *et seq.* For more detailed information, please consult the City of Rockford Policy for Implementation of the Illinois Freedom of Information Act, which is available from the Freedom of Information Liaison Officer.

---

**1. Request for Records**

I request the following public records of the City:

Records requested (field will continue to grow as you type. Enter your complete request in detail):

Pursuant to the Freedom of Information Act, I hereby request the following records:

I would like to obtain all emails sent to, from, or copied to Mayor Larry Morrissey from January 1, 2010 to Present day, containing any of the following non-case-sensitive key-strings: 'EB-5', 'Regional Center', 'USCIS' or 'EB5'.

The requested documents will be made available to the general public, and this request is not being made for commercial purposes.

In the event that there are fees, I would be grateful if you would inform me of the total charges in advance of fulfilling my request. I would prefer the request filled electronically, by e-mail attachment if available or CD-ROM if not.

Thank you in advance for your anticipated cooperation in this matter. I look forward to receiving your response to this request within 20 business days, as the statute requires.

Inspect

Copy

2. **Agreement to Pay Fees** (*check/complete A. or B. below*)

A. Unless I have requested and received a waiver under Subsection B of this Section, I will pay the following fees for the public records copied at my request:

1. Copies – 8½ x 11 or 8½ x 14, Black and White

First 50 pages	Free
Additional pages	\$ .15 per page
2. Other types of records @ actual cost of reproduction	\$ _____
3. Postage @ actual cost	\$ _____

I agree that I will pay the actual charges that the City incurs in connection with the copying services, and the fees stated in items 1 through 3. I further agree that the fees stated in items 1 through 3 above will not apply if the fee for the requested records is otherwise fixed by statute. If the requested records are produced on an electronic medium, I agree to pay the actual cost of purchasing the medium.

B. I request a waiver of the fees set forth in Subsection A, and in support of my request I hereby certify that I will gain no significant personal or commercial benefit from the public records herein requested and that my principal purpose in making this request is to benefit the general public by disseminating information concerning the health, safety, welfare, or legal rights of the general public in the following specific manner:

3. **Purpose of Request**

Please check Yes or No for each of the following:

Yes      No

A. I am requesting the public records identified in Section 1 to use the records, or the information derived therein, for sale, resale, solicitation, or advertisement for sales or services.

B. I am, or represent, news media or a non-profit, scientific or academic organization.

C. The principal purpose of this Request for Public Records is to access and disseminate information concerning news and current or passing events.

D. The principal purpose of this Request for Public Records is for articles of opinion or features of interest to the public.

E. The principal purpose of this Request for Public Records is academic, scientific, or public research or education.

Pursuant to Section 3.1(c) of the Freedom of Information Act, it is a violation of the Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose.

**4. Method of Delivery**

E-Mail  Fax  Mail  In Person

**5. Requestor**

A. Name of Requestor: Taylor Scott Amarel

B. Address for Responses, Decisions, and Communications:

Dept. MR 53387, 411A Highland Ave., Somerville, MA 02144

\_\_\_\_\_

C. Contact Information of Requestor:

Work: 617-299-1832

Home:

Cell:

Fax:

E-mail: 53387-92514957@requests.muckrock.com

**6. Signature of Requestor**

By entering my name below, I acknowledge and represent that I have reviewed and understand the City of Rockford Policy for Implementation of the Illinois Freedom of Information Act, and under penalties as provided by law pursuant to §1-109 of the Illinois Code of Civil Procedure, that all of the information provided in support of this request is true and accurate.

## Request Form Page 5

\*\*Note: If you are sending in this form electronically, you do not need to sign your name with a pen. However, you will need to check the below /s/ digital signature box, or you can click the "Signature of Requestor" box to digitally sign this form if you're familiar with signing Adobe PDF's."

/s/ Check here to approve the use of your digital signature

Beryl Lipton for Taylor Scott Amarel

Please print your name



Signature of Requestor

Date will be entered automatically...

Date

**Send Form**

FOIA Email Reference - For City Official use only:

FOIA Notes - For City Official use only: